

~~Best Available Copy~~

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	44	5/7/93
TYPIST	38	5/13
VERIFIER	291	5-14
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	5/7-93
2	10-93
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SYMBOLS

<	Rejected
=	Allowed
-	(Through number) Canceled
*	Restricted
+	Non-elected
N	Interference
I	Appeal
A	Objected
O	

Claim	Date
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